

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90022 006 \*\*\*158.75

**DOCUMENT # 327741**

1. Entity Name

**INTERNATIONAL TIMBER COMPANY, INC.**

Principal Place of Business

272 ST PATRICK AVE  
PO BOX 6301  
PENSACOLA FL 32503

Mailing Address

272 ST PATRICK AVE  
PO BOX 6301  
PENSACOLA FL 32503

2. Principal Place of Business

2289 Wild Boar Bend

3. Mailing Address

1491 Soaring Pointe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay, FL 32425

City & State

Marietta, GA 30062

Zip

32425

Country

USA

Zip

30062

Country

USA

4. FEI Number

59-1217607

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADRUGA, P. DIANE  
2289 WILD BOAR BEND  
BONNIFAY FL 32425

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*P. Diane Madruga*  
**P. Diane Madruga, President**

(NOTE: Registered Agent signature required when reinstating)

1/8/01  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAGRUGA, P. DIANE  
2289 WILD BOAR BEND  
BONIFAY FL 32425 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MAGRUGA, DANIEL T  
1491 SOARING POINTE  
MARIETTA GA 30062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*P. Diane Madruga*  
**P. Diane Madruga**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01  
Date

(770) 499-9669  
Daytime Phone #

CR2E034 (10/00)